SOUTHEAST IOWA LINK (SEIL)

FY21 ANNUAL REPORT

Southeast Iowa Link | Southeast Iowa Link (seiowalink.org)

SUBMITTED
11/17/2021

GEOGRAPHIC AREA: Des Moines, Henry, Jefferson, Keokuk, Lee, Louisa, Van Buren, and Washington

APPROVED BY ADVISORY BOARD: 11/10/2021
APPROVED BY GOVERNING BOARD: 11/10/2021

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Introduction

Southeast Iowa Link (SEIL) was formed under Iowa Code Chapter 28E to create a Mental Health and Disability Service Region in compliance with Iowa Code 331.390. The annual report is a component of the Management Plan which includes three parts: Annual Service and Budget Plan, Annual Report and Policies and Procedures Manual in compliance with Iowa Administrative Code 441.25.

The FY2021 Annual Report covers the period of July 1, 2020 to June 30, 2021. The annual report includes documentation of the status of service development, services actually provided, individuals served, designated intensive mental health services, a financial statement including revenues, expenditures and levies and specific regional outcomes for the year.

The SEIL Governing Board membership for FY21 is as follows:

Voting- elected official	**Voting- elected official**
Lee County **Rick Larkin, Chairman** 1304 Avenue B, Ft Madison, IA 52627 319-470-7744 rickleolarkin@gmail.com	**Jefferson County** **Dee Sandquist** 51 E Briggs, Fairfield, IA 52556 641-451-1293 dsandquist@jeffersoncountyiowa.com
Washington County **Jack Seward, Jr, Vice Chair** 2030 Hemlock Avenue, West Chester, IA 52359 319-461-9045 jseward@co.washington.ia.us	**Keokuk County** **Fred Snakenberg** 19088 235th Ave., Sigourney, IA 52591 641-622-2902 fsnakenberg@keokukcountyia.com
Henry County **Marc Lindeen, Secretary/Treasurer** 100 East Washington, Mt Pleasant, IA 52641 319-931-0760 supervisors@henrycountyiowa.us	**Louisa County** **Chris Ball** 117 South Main Street, Wapello, IA 52653 319-523-3372 CBall@louisaco-ia.org
Des Moines County **Tom Broeker** 513 N. Main, Burlington, IA 52601 319-759-1166 broekert@dmcounty.com	**Van Buren County** **Mark Meek** 303 First Street, Bonaparte, IA 52620 319-931-4322 tugboat@netins.net
Voting- non elected official	**Voting-non elected official**
Adult Individual or Family Representative of person with lived experience **Wendy Eland** 319-931-0036 Weland58@gmail.com	**Parent/Family Representative of child accessing behavioral health services** **Open**
	Education Representative of children with SED **Mark Schneider** PO Box 150, Wellman, IA 52356 319-936-8601 mschneider@mphawks.org
Ex-officio- non voting	**Ex-officio- non voting**
Adult Service Provider **Bob Bartles** 828 N. 7th, Burlington, IA 52601 319-754-5774 bob.bartles@hopehavencorp.com	**Children's Service Provider** **Rochelle Phelps** 301 West Burlington Ave. Fairfield, IA 52556 641-472-5771 rphelps@optimaelifeservices.com

A. Services Provided and Individuals Served

This section includes:

- The number of individuals in each diagnostic category funded for each service
- Unduplicated count of individuals funded by age and diagnostic category
- Regionally designated Intensive Mental Health Services

Table A. Number of Individuals Served for Each Service by Diagnostic Category

FY 2021 Actual GAAP	Southeast Iowa Link MHDS Region	MI (40)		ID(42)		DD(43)		BI (47)		Other		Total
		A	C	A	C	A	C	A	C	A	C	
Core												
	Treatment											
42305	Psychotherapeutic Treatment - Outpatient	3	8									**11**
42306	Psychotherapeutic Treatment - Medication Prescribing	1										**1**
43301	Evaluation (Non Crisis) - Assessment and Evaluation	1	1									**2**
71319	State MHI Inpatient - Per diem charges	12										**12**
	Basic Crisis Response											
44301	Crisis Evaluation	614	131									**745**
44302	23 Hour Observation and Holding	6										**6**
44307	Mobile Response	23	6									**29**
44312	Crisis Stabilization Community Based Services (CSCBS)	1										**1**
44313	Crisis Stabilization Residential Service (CSRS)	71	1									**72**
44396	Access Center start-up/sustainability/coordination	3	1									**4**
	Support for Community Living											
32329	Support Services - Supported Community Living	10				1						**11**
	Support For Employment											
50367	Day Habilitation					2						**2**
50368	Voc/Day - Individual Supported Employment	2				2						**4**
50369	Voc/Day - Group Supported Employment	1				1						**2**
	Recovery Services											
	Service Coordination											

24376	Health Homes Coordination - Coordination Services	291	2									**293**
	Sub-Acute Services											
63309	Sub-Acute Services (1-5 Beds)	1										**1**
	Core Evidence Based Treatment											
32396	Supported Housing	4										**4**
42398	Assertive Community Treatment (ACT)	1										**1**
	Core Subtotals:	**1045**	**150**			**6**						**1201**
Mandated												
74XXX	Commitment Related (except 301)	317	3									**320**
75XXX	Mental health advocate	434	16									**450**
	Mandated Subtotals:	**751**	**19**									**770**
Core Plus												
	Justice System Involved Services											
25XXX	Coordination services	310	2									**312**
	Additional Core Evidence Based Treatment											
42366	Psychotherapeutic Treatment - Social Support Services	369		9		3						**381**
	Core Plus Subtotals:	**679**	**2**	**9**		**3**						**693**
Other Informational Services												
04372	Planning and/or Consultation Services (Client Related)	3										**3**
	Other Informational Services Subtotals:	**3**										**3**
Community Living Support Services												
23XXX	Crisis Care Coordination	17	9									**26**
33340	Basic Needs - Rent Payments	13										**13**
	Community Living Support Services Subtotals:	**30**	**9**									**39**
Congregate Services												
64329	Comm Based Settings (6+ Beds) - Supported Community Living	1										**1**

64XXX	RCF-6 and over beds	12	1									**13**
	Congregate Services Subtotals:	**13**	**1**									**14**
Administration												
Uncategorized												
Regional Totals:		**2521**	**181**	**9**		**9**						**2720**

Table B. Unduplicated Count of Individuals by Age and Diagnostic Category

Disability Group	Children	Adult	Unduplicated Total	DG
Mental Illness	161	1699	1860	40
Mental Illness, Intellectual Disabilities	0	3	3	40, 42
Mental Illness, Other Developmental Disabilities	0	2	2	40, 43
Intellectual Disabilities	0	6	6	42
Other Developmental Disabilities	0	5	5	43
Total	161	1715	1876	99

B. Regionally Designated Intensive Mental Health Services

The region has designated the following provider(s) as an **Access Center** which has met the following requirements:

- Immediate intake assessment and screening that includes but is not limited to mental and physical conditions, suicide risk, brain injury, and substance use.
- Comprehensive person-centered mental health assessments by appropriately licensed or credentialed professionals.
- Comprehensive person-centered substance use disorder assessments by appropriately licensed or credentialed professional.
- Peer support services.
- Mental health treatment.
- Substance abuse treatment.
- Physical health services.
- Care coordination.
- Service navigation and linkage to needed services.

SEIL worked diligently with our partner regions- South Central Behavioral Health (host region) and CROSS. Other regions also participated in the conversations of service structure, financing and designation in order to create some consistency across the state in the processes of regions in relation to Access Centers. Additionally, SEIL had many conversations with SIMHC in regards to SEIL residents access to care, transitions of care, integration of Access Center services in the continuity of care for SEIL Region residents, and financing of the gap in service cost within and peripheral to the actual services identified within the Access Center (i.e. transportation, PPE, physical materials to accommodate the needs of service recipients, etc.) SEIL considers these collaborative efforts to be extraordinary given the time frame and complexity of ensuring that the service would be equipped to step into the wide array of the MHDS system which must be well planned and effectively aligned for optimum benefit to utilizers of the services.

Date Designated	Access Center
5/19/2021	Southern Iowa Mental Health, Ottumwa

The region has designated the following **Assertive Community Treatment (ACT)** teams which have been evaluated for program fidelity, including a peer review as required by subrule 25.6(2), and documentation of each team's most recent fidelity score.

Though SEIL identifies two ACT Teams as designated, only two counties of the SEIL's eight counties are able to access these ACT services. SEIL has pursued expansion of service conversations for increased access to service and intent to designate with both providers but to no avail. In FY21, there did not appear to be the workforce or inclination to pursue the development of this service which ultimately is the deficit for SEIL's designation of service to cover the full population.

Date Designated	ACT Teams	Fidelity Score
11/3/2018	UIHC, Iowa City	112
7/1/2020	Southern Iowa Mental Health, Ottumwa	116

The region has designated the following **Subacute** service provider which meet the criteria and are licensed by the Department of Inspections and Appeals. The SEIL Region has spent extraordinary time along with SIMHC to educate hospital systems on the availability and use of subacute services. Utilization of the program for SEIL has ebbed and flowed for multiple reasons however a most evident obstacle is the limited insight that inpatient acute providers have in regards to the broader array of community based services either crisis services or long term community based services. Marketing of the spectrum is time intensive and frequently accomplished on a case by case basis. This requires a lot of administrative work on the part of regions and subacute providers so that utilization can be as needed to sustain/justify the service.

Date Designated	Subacute
4/27/2020	Southern Iowa Mental Health, Ottumwa

The region has designated the following **Intensive Residential Service** providers which meet the following requirements:

- Enrolled as an HCBS 1915(i) habilitation or an HCBS 1915(c) intellectual disability waiver supported community living provider.
- Provide staffing 24 hours a day, 7 days a week, 365 days a year.
- Maintain staffing ratio of one staff to every two and one-half residents.
- Ensure that all staff have the minimum qualifications required.
- Provider coordination with the individual's clinical mental health and physical health treatment, and other services and support.
- Provide clinical oversight by a mental health professional
- Have a written cooperative agreement with an outpatient provider.
- Be licensed as a substance abuse treatment program or have a written cooperative agreement.
- Accept and service eligible individuals who are court-ordered.
- Provide services to eligible individuals on a no reject, no eject basis.
- Serve no more than five individuals at a site.
- Be located in a neighborhood setting to maximize community integration and natural supports.
- Demonstrate specialization in serving individuals with an SPMI or multi-occurring conditions and serve individuals with similar conditions in the same site.

SEIL has had numerous conversations about IRSH and the capacity to serve individuals meeting eligibility definitions subject to no eject/no reject (not defined in FY21) and ensuring that the program is structured as such to be community

integrated and meeting the standard of HCBS residence rules. The designation of the service also has implications for complementary service availability in order to be most effective for those served. Examples of such complementary service include sufficient inpatient capacity/ability to treat very complex needs cases, access to psychiatric outpatient treatment that is willing to serve patients with comorbidity, law enforcement and judicial systems in support of IRSH philosophically and equipped to intervene and order appropriately, access to the full array of crisis services in the event of additional case assistance, and a financing structure to ensure the viability and sustainability of the service. For these reasons, no designation occurred within FY21 for SEIL.

Date Designated	Intensive Residential Services
NA	NA

C. Financials

Table C. Expenditures

FY 2021 Accrual	SEIL MHDS Region	MI (40)	ID(42)	DD(43)	BI (47)	Admin (44)	Total
Core Domains							
COA	**Treatment**						
42305	Mental health outpatient therapy **	$ 150,265					$ 150,265
42306	Medication prescribing & management **	$ 38,848					$ 38,848
43301	Assessment, evaluation, and early identification **	$ 10,030					$ 10,030
71319	Mental health inpatient therapy-MHI	$ 360,848					$ 360,848
73319	Mental health inpatient therapy **						$ -
	Crisis Services						
32322	Personal emergency response system						$ -
44301	Crisis evaluation	$ 580,374					$ 580,374
44302	23 hour crisis observation & holding	$ 7,479					$ 7,479
44305	24 hour access to crisis response						$ -
44307	Mobile response **	$ 141,714					$ 141,714
44312	Crisis Stabilization community-based services **						$ -
44313	Crisis Stabilization residential services **	$ 1,086,984					$ 1,086,984
44396	Access Centers: start-up / sustainability	$ 49,350					$ 49,350
	Support for Community Living						
32320	Home health aide						$ -
32325	Respite						$ -
32328	Home & vehicle modifications						$ -
32329	Supported community living	$ 197,539		$ 11,326			$ 208,865
42329	Intensive residential services						$ -
	Support for Employment						
50362	Prevocational services						$ -

50364	Job development	$ 12,600		$ 3,771			$ 16,371
50367	Day habilitation	$ 1,020		$ 7,435			$ 8,455
50368	Supported employment	$ 133		$ 1,948			$ 2,082
50369	Group Supported employment-enclave						$ -
	Recovery Services						
45323	Family support	$ 6,190					$ 6,190
45366	Peer support	$ 405					$ 405
	Service Coordination						
21375	Case management						$ -
24376	Health homes	$ 73,858					$ 73,858
	Sub-Acute Services						
63309	Subacute services-1-5 beds	$ 9,800					$ 9,800
64309	Subacute services-6 and over beds						$ -
	Core Evidenced Based Treatment						
04422	Education & Training Services - provider competency	$ 25,642					$ 25,642
32396	Supported housing	$ 15,291					$ 15,291
42398	Assertive community treatment (ACT)	$ 1,274					$ 1,274
45373	Family psychoeducation						$ -
	Core Domains Total	**$ 2,769,646**	**$ -**	**$ 24,481**	**$ -**		**$ 2,794,126**
Mandated Services							
46319	Oakdale						$ -
72319	State resource centers						$ -
74XXX	Commitment related (except 301)	$ 131,197					$ 131,197
75XXX	Mental health advocate	$ 141,081					$ 141,081
	Mandated Services Total	**$ 272,278**	**$ -**	**$ -**	**$ -**		**$ 272,278**
Additional Core Domains							
	Justice system-involved services						
25xxx	Coordination services	$ 158,021					$ 158,021
44346	24 hour crisis line*	$ 24,731					$ 24,731
44366	Warm line*						$ -
46305	Mental health services in jails						$ -
46399	Justice system-involved services-other						$ -
46422	Crisis prevention training	$ 31,666					$ 31,666
46425	Mental health court related costs						$ -
74301	Civil commitment prescreening evaluation						$ -
	Additional Core Evidenced based treatment						
42366	Peer self-help drop-in centers	$ 682,054	$ 16,852	$ 7,442			$ 706,349

42397	Psychiatric rehabilitation (IPR)						$ -
	Additional Core Domains Total	**$ 896,471**	**$ 16,852**	**$ 7,442**	**$ -**		**$ 920,766**
Other Informational Services							
03371	Information & referral						$ -
04372	Planning, consultation &/or early intervention (client related) **	$ 268					$ 268
04377	Provider Incentive Payment						$ -
04399	Consultation Other						$ -
04429	Planning and Management Consultants (non-client related)						$ -
05373	Public education, prevention and education **	$ 987,928					$ 987,928
	Other Informational Services Total	**$ 988,197**	**$ -**	**$ -**	**$ -**		**$ 988,197**
Community Living Supports							
06399	Academic services						$ -
22XXX	Services management	$ 210,135					$ 210,135
23376	Crisis care coordination	$ 1,598					$ 1,598
23399	Crisis care coordination other						$ -
24399	Health home other						$ -
31XXX	Transportation						$ -
32321	Chore services						$ -
32326	Guardian/conservator						$ -
32327	Representative payee						$ -
32335	CDAC						$ -
32399	Other support						$ -
33330	Mobile meals						$ -
33340	Rent payments (time limited)	$ 16,129					$ 16,129
33345	Ongoing rent subsidy						$ -
33399	Other basic needs						$ -
41305	Physiological outpatient treatment						$ -
41306	Prescription meds						$ -
41307	In-home nursing	$ 10,369					$ 10,369
41308	Health supplies						$ -
41399	Other physiological treatment						$ -
42309	Partial hospitalization						$ -
42310	Transitional living program	$ 687					$ 687
42363	Day treatment						$ -
42396	Community support programs						$

							-
42399	Other psychotherapeutic treatment						$ -
43399	Other non-crisis evaluation						$ -
44304	Emergency care						$ -
44399	Other crisis services						$ -
45399	Other family & peer support						$ -
46306	Psychiatric medications in jail						$ -
50361	Vocational skills training						$ -
50365	Supported education						$ -
50399	Other vocational & day services						$ -
63XXX	RCF 1-5 beds *(63314, 63315 & 63316)*						$ -
63XXX	ICF 1-5 beds *(63317 & 63318)*						$ -
63329	SCL 1-5 beds						$ -
63399	Other 1-5 beds						$ -
	Community Living Supports	**$ 238,918**	**$ -**	**$ -**	**$ -**		**$ 238,918**
Other Congregate Services							
50360	Work services (work activity/sheltered work)						$ -
64XXX	RCF 6 and over beds *(64314, 64315 & 64316)*	$ 214,509					$ 214,509
64XXX	ICF 6 and over beds *(64317 & 64318)*						$ -
64329	SCL 6 and over beds	$ 3,625					$ 3,625
64399	Other 6 and over beds						$ -
	Other Congregate Services Total	**$ 218,134**	**$ -**	**$ -**	**$ -**		**$ 218,134**
Administration							
11XXX	Direct Administration					710,882	$ 710,882
12XXX	Purchased Administration					5,758	$ 5,758
	Administration Total					$ 716,640	$ 716,640
	Regional Totals	**$ 5,383,644**	**$ 16,852**	**$ 31,923**	**$ -**	**$ 716,640**	**$ 6,149,060**
(45XX-XXX)County Provided Case Management							$ -
(46XX-XXX)County Provided Services						$ 376,028	$ 376,028
	Regional Grand Total						**$ 6,525,087**

Transfer Numbers (Expenditures should only be counted when final expenditure is made for services/administration. Transfers are eliminated from budget to show true regional finances)

13951	**Distribution to MHDS regional fiscal agent from member county**	$ 5,934,451
14951	**MHDS fiscal agent reimbursement to MHDS regional member county**	$ 114,438

*24 hour crisis line and warm line are transitioning from additional core to state wide core services with state funding.

**Core services for children with a serious emotional disturbance (SED)						

Table D. Revenues

FY 2021 Accrual	SEIL MHDS Region		
Revenues			
	FY20 Annual Report Ending Fund Balance		**$ 2,469,694**
	Adjustment to 6/30/20 Fund Balance		
	Audited Ending Fund Balance as of 6/30/20 (Beginning FY21)		**$ 2,423,523**
	Local/Regional Funds		$ 7,374,912
10XX	Property Tax Levied	6,894,089	
12XX	Other County Taxes		
16XX	Utility Tax Replacement Excise Taxes		
25XX	Other Governmental Revenues	476,034	
4XXX-5XXX	Charges for Services		
5310	Client Fees	3,585	
60XX	Interest		
6XXX	Use of Money & Property		
8XXX	Miscellaneous	1,204	
9040	Other Budgetary Funds (Polk Transfer Only)		
	State Funds		**$ -**
21XX	State Tax Credits		
22XX	Other State Replacement Credits		
24XX	State/Federal pass thru Revenue		
2644	MHDS Allowed Growth // State Gen. Funds		
29XX	Payment in Lieu of taxes		
	Other		
	Other		

	Federal Funds		**$**1,541,716.24
2345	Medicaid		
2347	CARES Act	1,541,716	
	Other		
	Total Revenues		$ 8,916,628
	Total Funds Available for FY21	$ 11,340,151	
	FY21 Actual Regional Expenditures	$ 6,525,087	
	Accrual Fund Balance as of 6/30/21	$ 4,815,064	

Table E. County Levies

County	2018 Est. Pop.	Regional Per Capita	FY21 Max Levy	FY21 Actual Levy	Actual Levy Per Capita
Des Moines	39,138	42.60	1,667,279	$ 1,617,396	41.33
Henry	20,067	42.60	854,854	$ 839,808	41.85
Jefferson	18,381	42.60	783,031	$ 762,633	41.49
Keokuk	10,225	42.60	435,585	$ 435,585	42.60
Lee	34,055	42.60	1,450,743	$ 1,439,845	42.28
Louisa	11,169	42.60	475,799	$ 362,265	32.43
Van Buren	7,020	42.60	299,052	$ 299,052	42.60
Washington	22,141	42.60	943,207	$ 881,500	39.81
Total SEIL Region	**162,196**		**6,909,550**	**6,638,084**	**40.93**

D. Status of Service Development in FY2021

After the heavy administrative work of FY20 to modify the Regions 28E to accommodate the new Governing Board membership and include the full scope of administrative language for the Children's Behavioral Health (CBH) system as per Iowa Code, SEIL set its sights for FY21 on administrating service development and continued efforts to grow service availability/connectivity. This work transpired for the duration of FY21 by SEIL Region staff working in their designated office spaces while in the midst of a pandemic. Many obstacles were experienced because of this extenuating circumstance that interfered with our ability to develop service with our provider network. There were also challenges to connecting with key players in our local communities as well as other higher level systems as many employees continued to work remotely and/or were not working for periods of time. More specific examples of those challenges will be addressed below as they relate to specific services.

As eluded to previously, Covid had profound impact on service development and delivery, however from challenge comes opportunity. The Governor allocated Cares Act dollars to MHDS Regions in order to address access to care needs while many individuals lived in isolation so to evade potential contact with the virus. For the SEIL Region, our allocation

was in the amount of $1,541,716.24. The SEIL priority for these funds was geared to access to care for children and adults as well as the initiation of the Region's Children's Behavioral Health system. Grant opportunity was provided specific to behavioral health providers and our partners in education/juvenile justice that were struggling to accommodate the needs of their student/juvenile population on issues of health, wellbeing, and social emotional health. This opportunity was tremendous toward establishing dialogue and working relationships with partners that we had not worked with previously. Offering assistance in recognizing needs, processing ways to effectively address identified needs, and financially investing in those solution focused efforts was an incredible experience. Many of the working relationships that were fostered through that process will last for years and create connectivity across the disciplines so to best service children and families.

- **Access Center**-
  Collaborative efforts continued with multiple regions and Southern Iowa Mental Health Center (SIMHC) to establish a service delivery model that was accredited/licensed appropriately and met the definition of a designated Access Center. Access to care, systemic connectivity, and financial sustainability were all at the forefront of these discussions and efforts. Other points to ensure successful service development that were engaged upon in FY21 was to educate the local hospital system, law enforcement, and judiciary on what Access Center services can and cannot do as it relates to criminal and civil matters. The vast majority of these communications happened virtually and not all key players were readily available as hospitals managed Covid, law enforcement had narrow protocols for public interaction and the courts were conducting business virtually and were very backlogged on case dockets. During FY21, there were unexpected closures of our Access Center service due to Covid spread and workforce shortage. These were unanticipated barriers to access that were beyond the control of SIMHC or the regions. Such challenges continued to persist throughout FY21 and it should be anticipated that there is reasonable probability that such situations will continue to transpire because of Covid, as well as, the transitory nature of our workforce presently.
- **Mobile Crisis Response**-
  SEIL was developing and growing Mobile Crisis Response in FY20. In FY21, SEIL was notified that our contracted provider thought it best to discontinue the contract for Mobile Crisis Response in FY22. There were many challenges experienced with mobile services in SEIL including staffing, Covid related concerns that hindered deployment of teams, rural utilization extremely low, limited buy in from law enforcement and other institutions that typically request mobile assistance, and financing concerns due to limited impact to population and return on investment. Having this knowledge, SEIL immediately began to plan for other means to develop the service in a manner that would be meaningful for our counties and administratively viable. Conversations with Law Enforcement, first responders, other mobile providers, and SEIL stakeholders all transpired toward the end of FY21 in efforts to identify and plan for Mobile Crisis Response service development in FY22. SEIL began planning for service development through an RFP process to be let in FY22.
- **Service Coordination with MCOs/Hospital discharge plans**-
  Consistent with last year's reporting, the SEIL Region has experienced high frequency recommendations from inpatient acute units for patients to be discharged to region funded Residential Care Facilities (RCFs). Many of these discharge recommendations pertained to patients that have Medicaid benefits. The SEIL region has made it a point to work collaboratively with the Managed Care Organizations on behalf of their beneficiaries to work on service access and whole person care plans. Some hospitals are more receptive to this process than others and the primary complaint regarding transition of care in the Medicaid service array is that it takes too long to get community support services authorized and available for individuals. SEIL is empathetic to those concerns, however, it is not acceptable to bypass assigned care coordination processes for these reasons exclusively. Nor is it acceptable to supplant funds for service with Region funds when there are funds that were allocated to the Medicaid system to direct and manage service. SEIL also takes the opportunity to emphasize and educate the hospitals on use of subacute as a step down and that it is in fact a higher level of care than RCF with a more individualized person centered staffing pattern. SEIL has found success in working with MCOs on behalf of individuals in need to secure the least restrictive individualized service necessary to support clients/patients once an IHH provider and/or a MCO coordinator is identified (both systems worked virtually with high propensity rather than normal and customary direct service delivery) and connected to the individual's case.

There is a small percentage of individuals that all community based options have been exhausted and the only recourse is to pursue institutional levels of care- most frequently at Region expense. SEIL does believe that this continues to be the best course of action with our collaborative partners associated with each case as it is in compliance with Olmstead and the tenants of civil liberties law.

- **23 Hour Observation and Holding-**
  Though SEIL has access to 23 Hour Observation and Holding services for the entirety of our population outside of the SEIL geography, we would like to have the service readily available in the more populated area of our region. Efforts were made to work with a local hospital system to develop this service, however, the hospital administration made the determination at the end of FY21 that they will not pursue this service as they restructured their organization and services across several counties. SEIL began discussions and planning for service development through an RFP process to be let in FY22.
- **Crisis Stabilization Community Based Services (CSCBS)- Children and Adult**
  SEIL identifies obstacles to introducing this service across our region as the staffing pattern for availability is very similar to that of mobile response in that there needs to be sufficient capacity of staff to provide service when a crisis call comes in. Other service delivery structures/resources can serve dual purpose for the clinical oversight of this program which could reduce the overhead cost of service availability. It is identified that the children's intervention/stabilization service skill set would be different than the adult crisis intervention/stabilization service skill set. That would be a consideration also in the development of that service. SEIL, along with partner Regions have also had multiple conversations with American Home Finding as related to CSCBS. This service appears to be a good fit and corresponds well with crisis services they offer in the child welfare arena. That being said, the rollout of the service has been delayed due to the functional need for an Electronic Health Record (EHR) to maintain protected health information and facilitate their future ability to bill Medicaid for service. Their CSCBS service specific to children would not cover the full geography of SEIL so another service provider is needed for the remainder of counties that they are unable to serve. A provider for all of SEIL related to adult services is also needed. SEIL began planning for service development through an RFP process to be let in FY22.
- **Supported Employment-**
  Though SEIL contracts for Supported Employment as a traditional Medicaid funded service, this alone does not meet the qualifying criteria of Supported Employment as an evidence based practice (EBP) as deemed necessary in code. For this reason, SEIL has applied and has engaged in strategic planning/training with our provider partner Hope Haven (and other collaborative partners) to initiate Individual Placement and Supports (IPS) which is a recognized EBP and when functionalized to fidelity will increase the probability of positive measurable outcomes for individuals with brain health/mental health concerns that are served. It is anticipated that the IPS service will go on-line in FY22.
- **Crisis Stabilization Residential Services (CSRS)- Children**
  Many barriers have transpired in regards to rolling out CSRS with our identified service provider American Home Finding (AHF). Though shelter services have many commonalities with CSRS, there is organizational and structural differences to accommodate an expansion of service that is distinct and separate from the DHS Child Welfare contracted shelter beds. Once those perimeters were identified, AHF began to get bids for structural work. This escalated the cost dramatically when it was discovered that a sprinkler system was needed in the new construction area for CSRS. Further complicating matters, the sprinkler system could not be tied into the city water system so an independent system would be required on site to accommodate a fully functioning sprinkler system. Delays have continually transpired as related to the physical plant. Organizationally, AHF needs to have an EHR to manage and maintain their medical records and protected information as they did not have a sufficient system previously. During FY21, they were investigating systems that were best equipped to manage crisis services which is a specialty area that not all EHR's are equipped to manage appropriately. It is anticipated that the cost associated with that system will also escalate the cost of service and may be cost prohibitive.
  Beyond the contract for service that is being pursued with AHF, SEIL anticipated the need for additional CSRS beds within our region. To accommodate the needs of the populated areas of the region- SEIL began discussions and planning for service development through an RFP process to be let in FY22.

- **Assertive Community Treatment (ACT)-**
  Conversations have occurred with each of the designated providers to expand service, however, no interest or ability to do so were indicated in FY21. ACT is also a service that SEIL has discussed with Stakeholders and Advisory Committees. Again, there does not appear to be interest and/or ability of any current or outside providers to take on the mission of ACT within the geography of the SEIL Region. Some reasons cited include lack of workforce, no definitive identification of individuals meeting eligibility guidelines or having interest in the service, rate of service is either predictively insufficient to sustain a new ACT Team or development of ACT would interfere with other service delivery structures that are financially solvent and also considered core. SEIL identifies that circumstances and situations change and SEIL will continue to engage in meaningful conversations to develop ACT within the region as necessary.
- **Intensive Residential Service Homes (IRSH)-**
  Only one provider has expressed interest in discovering their capability of providing IRSH services. The steps of discovery have stagnated throughout FY21 and most concerning to this particular provider is the actual meaning and complications associated with the terminology "No eject/No Reject". Guidance nor definition were readily available in FY21 other than subjective consideration. The issue of financial rate for service appeared to be an ongoing theme of concern also. IRSH was not a service identified in provider contracts with MCOs during FY21, nor had any IRSH programs been designated by a region. Continued conversation and planning will occur in the future between the SEIL Region and the interested provider as well as with the MCOs that in the final stretch of FY21 began conversation with potential providers.

SEIL has experienced many challenges in service development as described above. Besides Covid related impact, workforce shortages, and the lack of data driven development indicators of need and/or economies of scale for service; the region system's financing was addressed legislatively in the final months of FY21. This legislation (SF619) created implications for the regions FY22 budgets. The elimination of county property tax levy's, allocation of revenue to become exclusively state funds (through the appropriation of funds to the DHS budget -Region allocation line item), and the elimination of county Fund 10s across the state without clear/timely guidance on protocols or mechanics of making these changes work for regions organizational structures all created anxiety in the workforce of regions as well as our county offices. Elimination of Fund 10/Service Area 4 gives the impression of de-linking county government from the work of regions. Regions exist because of 28E Agreements between counties. It is understandable that this has been viewed as a dismantling move on the part of the state legislators against local government and their county employees as is the structure of the SEIL Region. It was advised that this was not the intent of SF619, however a remediation of the unintended consequences must be pursued and passed to accurately capture in real terms the "intent" of the legislation. Across the scope of our county elected officials/employees, stakeholders, contracted providers, and collaborative partners; there is suspicion of region financial sustainability, access to continued service scope beyond core, and region longevity. This is not the desired climate for Regions to develop new services or retain sufficient workforce in-house or via contract. SEIL attempts to move forward despite these perceived and real barriers and recognizes that the consequences (positive and negative) will be revealed over time.

E. Outcomes/Regional Accomplishments in FY2021

- Core Services Access Standards (should reflect status as of 6/30/21 and be consistent to what was reported to DHS on 4th quarterly report).
- Additional Core Services (should reflect status as of 6/30/21 and be consistent to what was reported to DHS on 4th quarterly report).
  - Service Coordination
  - Crisis Line/Warm Line
  - Justice System/Jail Diversion
  - Others

- Evidence Based Practices (EBP) (should reflect status as of 6/30/21 and be consistent to what was reported to DHS on 4th quarterly report)
- Region Program Outcomes
    - Supported Employment
    - Block Grant outcomes (Crisis line, MHCs)
    - Special initiatives
- Statewide Outcomes
    - QSDA
- Regional Collaboration with Providers, Stakeholders, and Regions
- Provider Network

Once again, SEIL must report that Fiscal Year 2021 has been anything but normal and customary. It was hoped that the impact of the Covid pandemic would dissipate however that was not the lived experience. Covid peaked later than many of our state counterparts and in May of 2021 the highly contagious Delta variant was identified in Iowa and quickly escalated disease transmission. Notably for the SEIL Region there seemed to be an increase in the access to virtual psychiatry and therapy, but a decrease in location based service delivery of all shapes and forms. Given the new trend in service access patterns, SEIL pursued an RFP to ensure public access to crisis assessment whenever needed 24/7/365. This service is intended to be used to supplement the urgent care appointments that SEIL purchases from contracted behavioral health providers and also provide assistance to behavioral health providers that may not have capacity to perform crisis assessments on demand when needed as well as to local emergency departments and law enforcement that identifies concerns/need for assessment and possible consultation/guidance/intervention. That RFP was awarded to Optimae in March and the Start Up contract was fully executed in April. As one may infer, a lot of leg work must be done on the front end of such a service that covers 8 counties, 8 hospitals, multiple behavioral health providers, and twenty-five law enforcement agencies. Building relationship and protocol is extremely important to the utilization of the service as intended. This is not mobile response, but a gap filler for those entities that frequently encounter individuals in need of assessment and evaluation. Service delivery is to commence in FY22.

Peer Ran Drop In/Recovery Centers

SEIL continues to greatly value peer ran Drop In/Recovery Centers as an equal opportunity and open means to assistance, service access, resource to encourage community connectedness, as well as a way to reduce isolation, offer opportunity to other more traditional services if desired/needed, reciprocate support and information, learn strategies to effectively manage brain health challenges, and forge healthy relationships in the community. Another major challenge that these programs take to task head on is the reduction of stigma. Everyone experiences Brain Health across the lifespan, no different than any other medical condition. These Centers allow for preventative, restorative, and stabilizing involvement on each own person's terms.

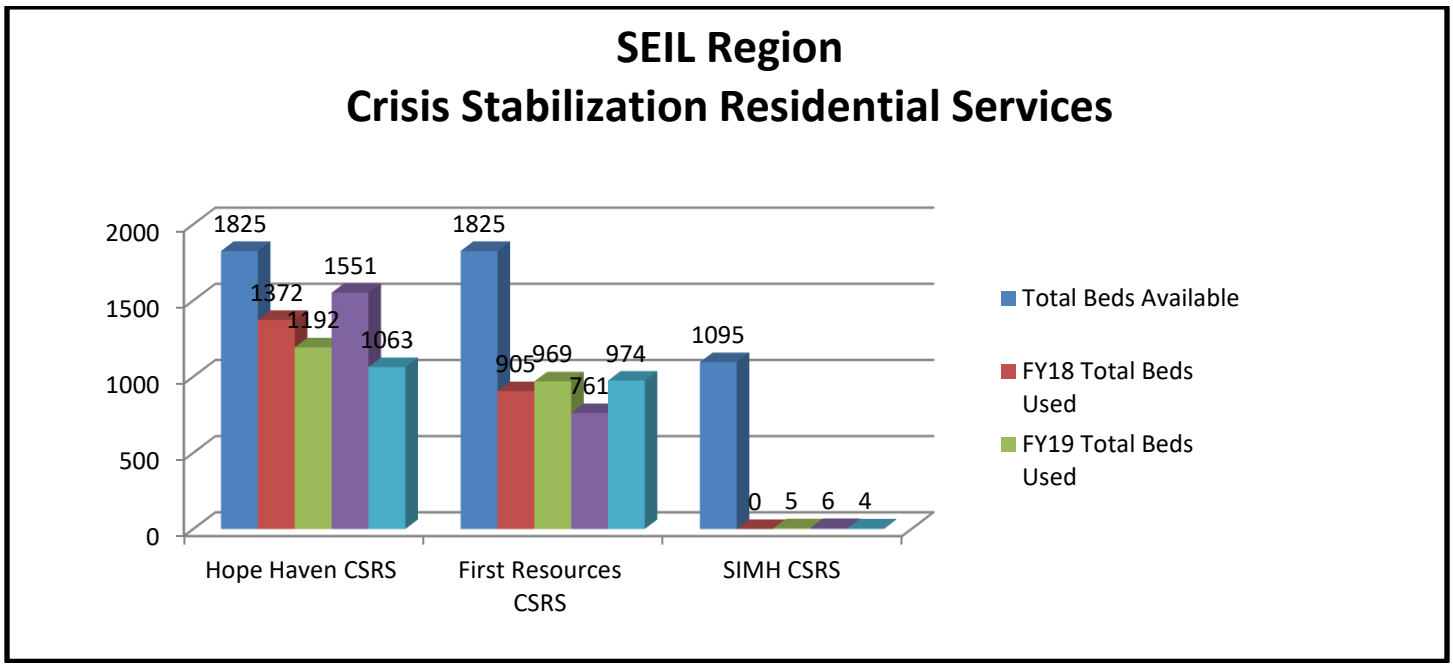
With the access to hybrid service delivery now, the Centers have the capability to serve individuals in person and/or virtually whichever is preferred at any point in time. This is a useful way to engage participants, address individual need, expand participation across several programs in region or externally, and educate participants in relevant issues pertaining to Brain Health conditions. Additionally, the notion of "nothing for me and about me without me" is strong across these programs and are thus empowering. Such service venues are rare and directly relate to positive outcomes for participants as identified by continued participation and self-disclosed satisfaction. Based on the feedback SEIL has received from participants and stakeholders, continuation of the service is critical to ensuring individuals in our communities can continue to gleam the full benefit of service in their efforts to live effectively and independently in their communities of their choice.

Crisis Stabilization Residential Services (CSRS)

The SEIL region CSRS programs remained available for service to individuals throughout FY21 with minimal disruption in service delivery due to Covid. This service continued to be a beneficial asset to accomplishing diversion from Emergency Departments especially when the public had great concern about going to a hospital and the exposure issues that were

perceived. Unfortunately, there was a decrease in utilization in FY21 as there is an assumption that individuals were making decisions to not gain access to any service that increased their exposure risk.

The chart below indicates the three contracted programs of SEIL and the utilization of each over the past four fiscal years as related to region funding. Medicaid and other pay sources are not included in these figures. SEIL does however track gap cost associated with vacant bed availability for the First Resources and Hope Haven programs. The total for those empty beds/percentage unused for FY21 was: First Resources 851/46.63% and Hope Haven 762/41.75%. SEIL continues to monitor the utilization and trends within and across these services to best identify population need in relation to resource/service availability. It is to be understood that CSRS, like many of the crisis services are mandated to be available for access within the prescribed access standards regardless of actual utilization rates.



Justice Involved Services

Justice involved services (JIS) is another area that SEIL tends to analyze for patterns, trends, and outcomes as related to the detainees that experience mental health challenges. The partnership between MHDS regions and law enforcement is critical to ensuring that individuals are served and treated in the most appropriate manner possible given their dispositional status. Providing resources to law enforcement that offer alternatives to criminal charges and attend to the mental health condition of a citizen is critical to addressing disproportionate criminalization of individuals with brain health conditions. It is to be understood that there is clear differentiation in treatment processes and means to manage individual cases as related to civil matters versus criminal matters. In both instances civil rights pertain, however the capacity to manage situations in differing environments and service delivery models needs to be understood by all partners in public health and public safety.

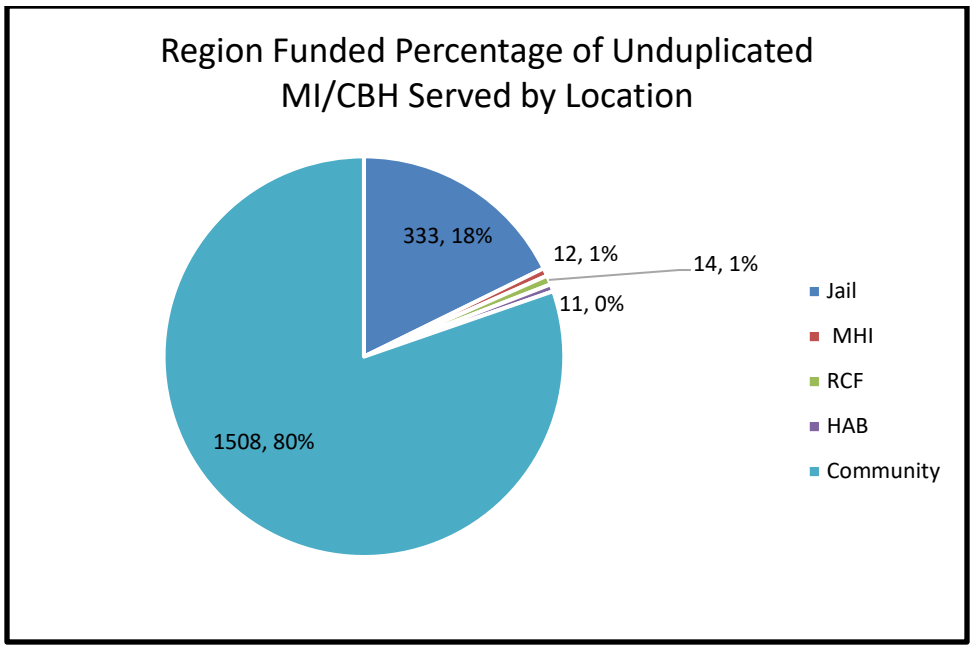
Access to jail systems continued to be diminished in FY21 due to Covid. Overall, jail census was down and individuals that were waiting for court proceedings remained in the jail setting due to significant court backlogs. Because of this narrowing of opportunity to have JIS in the jails, SEIL was given opportunity to evaluate the service delivery model of our two providers. Patterns emerged on the needed capacity of the work, frequency of needed service across the population, and internal procedure to capture meaningful data/information. Community Services Network (CSN) JIS module has been predominantly used. This creates opportunity to have information collected in a more synchronized way and amenable to analysis. Emerging patterns for SEIL include a high propensity for individuals detained in county jail systems to have a mental health condition in addition to a substance use issue. Screenings and referrals for service/transitions back into the community are made based on those identified needs. The collaborative efforts to

connect individuals with what is needed in an impactful timeframe has produced some very good results systematically across disciplines. Recidivism is reduced when transitions are accomplished as planned, probation revocations reduce when probationers are connected to the correct community supports to address their needs, employment rates increase when individuals are med stable and support systems/service access plans are in place, and the necessity to depend on the public safety institutions and judiciary to manage situations is decreased. In short the return on investment has the capacity to be profound in very measurable ways.

An area to be addressed as related to SEIL JIS services is the concern that SF619 created for providers of JIS and our law enforcement/correctional system partners. JIS is not identified as a Region Core service, however as indicated above SEIL views this service to be a very pragmatic and reality based way to ensure symptoms of mental health are addressed as a clinical need as opposed to the criminalization of the condition. JIS is however indicated as a component of the DHS/Regions Performance Based Contract. This mixed message needs to be remediated legislatively otherwise the downward financial pressures anticipated by our region will place JIS in harms' way for closure. The elimination of Fund 10 at the county level also distracts from the connectivity that county employees have with our county sheriff systems. SEIL utilized county employees to perform JIS work in 6 of our 8 counties in FY21. These employees have significant concern for job security. The unintended message and potential unintended consequence of this legislation could negatively impact both of the JIS service programs in the SEIL Region either directly or indirectly.

Locations of service

SEIL prides itself in attention to location of service so that it is least restrictive to meet need and in compliance with the principals of Olmstead. SEIL works in collaboration with other regions and alternate funding sources, and allows for transitions in care with as much continuity in that transition as possible so that the whole person and their multi-complex needs are attended to so the person can be as healthy, safe and successful as possible. Each year the SEIL region reports where individuals are served that directly relate to the data warehouse collected and approved by the Department of Human Services. SEIL, in partnership with our provider network, makes every effort to collect person served data by service in the CSN system so that robust analysis on an individualized case level can be examined and provides historical service information that takes into account prior challenges and successes related to treatment. Understandably, the total number of individuals served by the SEIL region has decreased in FY20 and FY21, however the percentages of those served remain proportionally equivalent to past years indicating that our service population is heavily focused on community based services.



SEIL appreciates the opportunity to present our accomplishments and efforts. Though not all the details of this work can be captured in one report, we believe that this is a good representation of the work that has been done in our region with our partners over the last year. Southeast Iowa certainly has obstacles to overcome in ability and capacity to stand up the required core services. Despite this, we have continually made concerted efforts to ensure that the needs of the population are attended to and what services are available are well connected across the continuum of care. We continue to seek out additional partnerships and rely on our partners' expertise to navigate the challenges to our regional system. Outside analysis and measurement of outcome is welcomed however local participation in this joint work is even more appreciated. SEIL desires to be a good partner in the development and processes required to ensuring that the MHDS system (in region and across the state) is healthy, robust, and sustainable.